

PUBLIC HEALTH COMMITTEE

March 20, 2013

RAISED BILL No. 6391 **AAC THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.**

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IN SUPPORT OF RAISED BILL No. 6391

Senator Gerratana, Representative Johnson, and members of the Committee:

I support Raised Bill 6391 to remove the collaborative agreement requirement for APRN practice in the state of CT. As an APRN working at an Internal Medicine office, I work with three physician providers. We work as a **TEAM** to provide care for our patients. If the physician providers were to leave the practice, retire, or for any unseen reason end their practice I would no longer be able to practice to provide care to our patients. Essentially, APRNs work at the discretion of the physician providers under the current scope of practice (SOP) regulations. The scope of practice requirement limits the ability of APRNs to be gainfully employed on their own without a collaborative physician. This is a barrier to practice. According to Article 23 of the Universal Declaration of Human Rights, signed by the US and 50 other member states of the United Nations in 1948, “[e]veryone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.”¹

There has been a great deal of debate and discussion regarding the state of healthcare in the US: its cost, quality, safety, and value. With the implementation of the Affordable Care Act of 2010 additional focus has been placed on access to care and the guarantee that there will be enough providers to care for the influx of additional patients into the health care system. The shortage of primary care physicians has been well documented. APRNs have the training and education to help fill the gap created by this shortage. As part of this discussion, multiple organizations and professional groups have put forth support for scope of practice review and potential change.

Most notably, the Institute of Medicine has stated that SOP regulations in all states should reflect the extent of education and training of all professions, thereby **eliminating barriers to practice** with a focus on teamwork.² More recently, the National Governors Association (NGA) conducted a review of the literature, summarizing that there were no concerns regarding quality of care by nurse practitioners; the

¹ The Universal Declaration of Human Rights. Retrieved from <http://www.un.org/en/documents/udhr/index.shtml>

² Institute of Medicine. (2010). *The future of nursing: Focus on scope of practice*. Retrieved from <http://www.iom.edu>

care we offer is comparable to physician-provided care in terms of process and outcome measures. The NGA cited studies showing that advanced practice nurses may provide improved access to care. The consensus of the NGA is:

A team-based treatment model, particularly deployed in the care of patients with chronic medical and/or behavioral illness, is increasingly seen as key to better patient care, important to better self-management, and a way to reduce hospital readmissions and unnecessary emergency department visits. Such a model holds promise for improved patient outcomes at a lower overall cost, at least partially because it should allow individual clinicians to work at the peak of their training and licensure.³

States differ in their laws governing the prescribing of medications, reimbursement for services, and the recognition of primary care provider status (NGA, 2012). More than half of the states in the union have granted independent practice or removed the collaborative agreement requirement, and several more are now considering the same issue. The National Council for the State Boards of Nursing has proposed the Consensus Model for APRN practice, a standardized model for advanced practice nursing that addresses licensure, accreditation, certification and education. Several states have incorporated this model into the regulatory mechanisms of practice. Removal of the collaborative agreement is a step towards standardizing nursing practice.

Maintaining the requirement of the collaborative agreement in order for APRNs to practice does not promote teamwork nor does it allow full access to health care. Removal of the collaborative agreement will not cause APRNs to work in isolation.

In summary, elimination of the collaborative agreement requirement to practice will:

1. Remove barriers to practice
2. Encourage recognition of APRNs as Primary Care Providers
3. Be a step toward Standardization of Professional Practice
4. Encourage interprofessional relations and teamwork development

Respectfully submitted,

Penny McEvoy, APRN, ANP

³ National Governors Association, 2012. *The role of nurse practitioners in meeting increasing demand for primary care*. Retrieved from <http://www.NGA.org/center>